



# application

Mailing Address:  
Greensboro Youth Council  
P.O. Box 3136  
Greensboro, NC 27402-3136

Street Address:  
501 Yanceyville St.  
Greensboro, NC 27405  
(336) 373-2738

**Please TYPE or PRINT legibly!**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent or Guardian Information:

Name: \_\_\_\_\_  
(First) (Last)

Relationship: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

How did you hear about GYC? (circle one; if Other, please specify.)

Friend

GYC member

Guidance Office

Other \_\_\_\_\_  
(OVER)

What do you expect to learn/gain from the Greensboro Youth Council?

In your opinion, what are the three (3) most important social issues that face Guilford County today?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are your after school interest/activities?

☐ socializing

☐ computers

☐ music

☐ Art

☐ sports

☐ theater

Other: \_\_\_\_\_

I have read through the information packet with my son/daughter and I support his/her decision to participate in GYC.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**If you have any questions, please call Jenny Caviness at 373-2733 or Hillary Meredith at 373-2734.**



# recommendation

Recommendation must be done by a teacher, advisor or any non-family member over 21.

## To The Applicant

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Grade: 9 10 11 12 School \_\_\_\_\_

**Your reference must return this form to you. You are responsible for making sure your application and recommendation are submitted together.**

## To The Reference

Please TYPE or PRINT legibly!

The person named above is an applicant for the Greensboro Youth Council. The Greensboro Youth Council is aware of the time necessary to prepare this form and greatly appreciates your help. We are looking for youth who will benefit from GYC and gain leadership skills while performing community service.

Name of Reference \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

**Comment on how you feel the student would benefit/ contribute to the Greensboro Youth Council.**



**Please rate the student in the following areas using the scale below:**

5-Superior	2-Below Average
4-Above Average	1-Well Below Average
3-Average	

Dependability _____	Maturity _____
Responsibility _____	Interest in community affairs _____
Conduct _____	Leadership _____
Ability to work with others _____	Concern for others _____
	Ability to follow directions _____

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date